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| <b>Case Number:</b>   | CM15-0079817 |                              |            |
| <b>Date Assigned:</b> | 04/30/2015   | <b>Date of Injury:</b>       | 05/06/2013 |
| <b>Decision Date:</b> | 06/22/2015   | <b>UR Denial Date:</b>       | 03/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old male who sustained an industrial injury on 5/6/13 when he slipped from a step stool and fell while loading tires hitting his right knee and feeling immediate sharp pain. He also had an injury 7/26/13 when a tire rolled and hit his right knee causing a sharp pain to the area. He currently complains of constant, severe low back pain and stiffness with radiation to the right leg with numbness, tingling, weakness and cramping; constant severe right knee pain. He has sleep difficulties due to pain. Per physical exam he has muscle spasms of the lumbar spine. Medications are omeprazole, Tramadol, ibuprofen and Methoderm cream. Diagnoses include lumbar disc protrusion; lumbar muscle spasms; lumbar stenosis; lumbar degenerative disc disease; right knee internal derangement; right knee chondromalacia; right meniscus tear; status post right knee surgery (9/2013); anxiety; depression. Treatments to date include medications; physical therapy; chiropractic therapy; acupuncture. Diagnostics include MRI of the right knee (9/26/14) abnormal; MRI right knee (7/27/13) with positive findings. In the progress note dated 3/17/ 15 the treating provider's plan of care requests aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Aqua Therapy 3 times a week for 6 weeks Lumbar and right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 308-309; 338-339.

**Decision rationale:** This 46 year old male has complained of knee pain and low back pain since date of injury 5/6/13. He has been treated with surgery, physical therapy, medications, chiropractic therapy and acupuncture. The current request is for aqua therapy 3 times a week for 6 weeks. Per the ACOEM guidelines cited above, aqua therapy is not a recommended physical treatment modality for chronic back pain and chronic knee pain. On the basis of the available medical records and per the ACOEM guidelines cited above, aqua therapy 3 times a week for 6 weeks is not medically necessary.